

Meeting Room Application

220 Willingboro Parkway Willingboro, NJ 08046 PHONE 609-877-6668

EMAIL: wipl@willingboro.org or auetz@willingboro.org

| Crity State ZIP Code Phone: ext. E-mail Address: Fax: | Organization: | | | Date: | | |
|--|---|-----------------|-----------------------|-----------------|-----------|--|
| Phone: ext. E-mail Address: Fax: Alternate No: For Profit YES NO All Non profit organizations must attach Certificate 501C3 / ST5 TWP Commission Purpose or Function of Organization: Bate of Function: Use attached calendar for multiple dates Start time: End Time: Expected Attendance: Purpose of Meeting: Do you plan to distribute literature? If so, YES NO please attach to application. Purpose of Meeting: Do you plan to distribute literature? If so, YES NO please attach to application. Purpose of Meeting: Do you plan to distribute literature? If so, YES NO Please attach to application. Purpose of Meeting: Do you plan to distribute literature? If so, YES NO Please attach to application. Purpose of Meeting: Do you plan to distribute literature? If so, YES NO Please attach to application. Purpose of Meeting: Do you plan to distribute literature? If so, YES NO Please attach to application. Purpose of Meeting: Do you plan to serve refreshments? NO YES' - Please see reverse for fee schedule. Please attach to application. Please attach attach to application. Please attach attach to application. Please attach. Pl | Contact: | | | | | |
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